

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09/754743</i>	FILING DATE <i>11/4/07</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1				*	56			
7		1					57			
8	1						58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15	1						65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32	1						82			
33		1					83			
34	1						84			
35	1						85			
36		1					86			
37	1						87			
38	1						88			
39		1					89			
40		1					90			
41		1					91			
42		1					92			
43	1						93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	14						TOTAL IND.			
TOTAL DEP.	19	↔		↔		↔	TOTAL DEP.	↔		↔
TOTAL CLAIMS	43	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]